2021 - 08 - MO - 0M - 00M86420

FEC FORM 1

STATEMENT OF ORGANIZATION

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2021 AUG #26 Suss PANO: 26

NAME OF COMMITTEE (in full)		(Check if name Is changed)	Example: If typing, type over the lines.	12FE4M5
Poliquin for Congre	ss			
1			I. I. I. I. I. I. I.	
<u> </u>	PO	Box 524		
ADDRESS (number and street)	II.U.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(Check if address is changed)	ـــــا	 		
	Bang	gor ITY 🛦		ME 04402 - ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	info	@poliquinfor	rcongress.com	
	Optional	Second E-Mail Ad	ldress	
			 	
COMMITTEE'S WEB PAGE AD				
(Check if address Is changed)	WWV	v.poliquinfor	congress.com	
is citalizati	1			
				<u> </u>
2. DATE 08" ' 19	0 1 7	20 2 1		
3. FEC IDENTIFICATION N	JMBER)	C 0	0518654	
4. IS THIS STATEMENT	. NEW	/ (N) OR	X AMENDED (A)	•
I certify that I have examined the	nis Statem	ent and to the bes	t of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	r	Joseph H. (Cyr	
Signature of Treasurer				Date 08" 19" 2021 1
			may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office Use			For further Information of Federal Election Commiss Toll Free 800-424-9530	

	FEC FO	rm 1 (Hevised 02/2009)	Page 2
		OMMITTEE Committee:	
	-		
(a)	X,	This committee is a principal campaign committee. (Complete the candidate Information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name Cand	e of ildate	Bruce L. Poliquin	
	ddate / Affillati	on REP Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	imittee:	(Damas anti-
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Part
Poli	tical A	ction Committee (PAC):	
	:		nnacted executestics is
(e)	i	This committee is a separate segregated fund. (Identify connected organization on line 6.) its co	nnected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbytst/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee, (i.e., nonconnected committee)	egregated fund or par
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	ralsing Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for	two or more political
		committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	_		
	Con	mittees Participating in Joint Fundraiser	Same to the state of
	1.	FEC ID number C	, n
	2.	FEC ID number C	
	3.	FEC ID number C	96 일 12일 전략 12 - 12일 기 기 기 원 1일

V	Vrite or Type Committee Na	ne
	Poliquin for Co	ngress
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
1	NONE	
1		
	Mailing Address	
	_	
		CITY STATE ZIP CODE
	Relationship: Connec	ted Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor
7.	Custodian of Records: lo books and records.	lentify by name, address (phone number optional) and position of the person in possession of committee
	Full Name Sarah	Quirk
	Mailing Address	113 Virginia Lane
		Bangor ME 04401]-
	Title or Position	CITY STATE ZIP CODE
	Assistant Treasu	rer Telephone number 207 - 852 - 6319
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the name and address of ., assistant treasurer).
	Full Name Jose	ph H. Cyr
	of Treasurer Mailing Address	284 Brunswick Street
		Old Town CITY STATE ZIP CODE
	Title or Position Treasurer	Telephone number 207 - 356 - 1580

		
FEC For	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Joseph H. Cyr	
Malling Address	284 Brunswick Street	
	Old Town CITY ST	VIE 04468 - ZIP CODE
Title or Position Treasurer	Telephone number	207 - 356 - 1580
	Depositories: List all banks or other depositories in which the committee coxes or maintains funds.	deposits funds, holds accounts, rents
Name of Bank,	Depository, etc.	
	Camden National	
Malling Address	80 Exchange Street	
	Bangor	ME 04401
	CITY	ATE ZIP CODE
Name of Bank,	Depository, etc.	
Malling Address		
	CITY	ATE ZIP CODE

FEC	Form	18	(Revised)	02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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<u> </u>		
	<u>. </u>	
CITY A	STATE A	ZIP CODE ▲
Ilated Committee Joint	Fundraising Representative	Leadership PAC Sponsor
hone number – optional)		
		
CITY A	STATE ▲	ZIP CODE ▲
т	elephone Number	
		
		
	CITY A CITY A CITY A CITY A Tother depositories in which	CITY A STATE A CITY A STATE A STATE A STATE A STATE A STATE A STATE A



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(540) 341-8808

15405 JOHN MARSHALL HWY

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SPM ,	8/30/21				
(3/2015)	DATE PREPARED				